



# APPLICATION FOR DEVELOPMENT REVIEW

## CITY OF PLEASANT HILL

100 Gregory Lane  
Pleasant Hill, CA 94523  
Phone (925) 671-5209  
Fax (925) 682-9327

[www.pleasanthill.ca.gov](http://www.pleasanthill.ca.gov)

### I. CHECK TYPE OF PERMIT(S) REQUESTED

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning         | <input type="checkbox"/> Zoning Permit        |
| <input type="checkbox"/> Use Permit             | <input type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Variance               | <input type="checkbox"/> Minor Variance   | <input type="checkbox"/> Home Occupation      |
| <input type="checkbox"/> Secondary Unit         | <input type="checkbox"/> Development Plan | <input type="checkbox"/> Sign                 |
| <input type="checkbox"/> Architectural Review   | <input type="checkbox"/> Tree Removal     | <input type="checkbox"/> Other _____          |

### II. GENERAL DATA

- A. Address of Property \_\_\_\_\_
- B. Assessor's Parcel Number(s) \_\_\_\_\_
- C. Zoning \_\_\_\_\_
- D. Existing Use \_\_\_\_\_
- E. Description of Project or Request \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### III. AUTHORIZATION

In signing this application, I, as owner and/or as applicant, represent to have full legal capacity to, and hereby do authorize the filing of this application. If this application has not been signed by the property owner, attached is separate documentation of full legal authority to file this application. I agree to be bound by the conditions of approval of this application, subject only to the right to object at the hearing or during the appeal period. I further certify that the information and exhibits submitted are true and correct.

#### A. Property Owner

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	Email	_____
Signature	_____	Date	_____

#### B. Applicant other than Property Owner

Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	Email	_____
Signature	_____	Date	_____

#### C. Authorized Agent

Company	_____	Contact/Title	_____
Address	_____	Phone/Fax	_____
	_____	Email	_____
Signature	_____	Date	_____

TO BE COMPLETED BY STAFF

APPLICATION TITLE

APPLICATION NUMBER

APPLICATION RECEIVED BY